

Notice of Independent Review Decision

**PEER REVIEWER FINAL REPORT**

**DATE OF REVIEW:** 1/18/2010  
**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Work hardening for upper and low back and cervical spine (10 sessions)

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer attended San Diego State University before graduating from the Palmer's College of Chiropractic West in 1989. This reviewer has been in private practice in San Diego County for over 14 years. This reviewer also works as a team chiropractor for a local high school. He has also worked as a peer reviewer doing Worker's Compensation and Personal Injury Prospective, Retrospective, Forensic, and Chart Reviews since 10/2000. This reviewer's post graduate studies include various seminars on cervical spine "whiplash" syndrome, arthritis, neurology, radiology, sports medicine, and worker's compensation.

**REVIEW OUTCOME:**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Work hardening for upper and low back and cervical spine (10 sessions) Overturned

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Notice to air analyses DBA by dated 12/29/2009
2. Request for review by author unknown, dated 12/28/2009
3. Fax page dated 12/28/2009 & 12/29/2009
4. Letter by author unknown, dated 11/23/2009 & 12/10/2009
5. Pre-authorization decision by author unknown, dated 11/23/2009 & 12/10/2009
6. IRO request form by author unknown, dated unknown
7. Official Disability Guidelines (ODG)

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The injured employee is a female who was involved in a work related motor vehicle accident on xx/xx/xx. The injury was described as the injured employee was driving a school bus when she lost control and struck a concrete wall resulting in injuries to her neck and back. She underwent a brief course of physical therapy. On 10/21/2009 the injured employee underwent a functional capacity evaluation that revealed she was functioning at a sedentary PDL. Her job required PDL is that of medium. On 11/3/2009 the injured employee underwent a psychosocial evaluation.

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The determination was that the injured employee "appears to be an appropriate candidate for the work hardening program." A request for 10 sessions of work hardening was submitted.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The medical necessity for the requested 10 sessions of work hardening is established. The injured employee completed her lower levels of care and was ready to return to work. However, a functional capacity evaluation revealed that the injured employee was functioning at a sedentary physical demand level (PDL). Her job required PDL is that of medium. This indicates the injured employee is not able to safely return to her job without possibility of reinjury. A behavioral health assessment revealed that the injured employee had psychosocial factors that would be amenable to a multidisciplinary work hardening program. The previous utilization reviews resulted in denial based on the absence of "evidence of a valid mismatch between documented specific essential job tasks and the patient's ability to perform these required tasks." The 12/4/2009 request for reconsideration indicates that the injured employee's occupational required PDL is medium. The injured employee is employed as a school bus driver. A medium physical demand level is appropriate for this occupation. However, the functional capacity evaluation revealed the injured employee was functioning at a sedentary PDL. This clearly indicates the injured employee is not able to function at her job required PDL.

ODG guidelines indicate that an initial course of 10 physical therapy visits over 8 weeks of therapy can be considered appropriate. This injured employee underwent a course of therapy. ODG guidelines limit treatment to 10 visits. If the injured employee is unable to fully resolve her complaints after 10 visits then the next treatment option consists of a return to work program consisting of either a work conditioning or work hardening program. Given the psychosocial deficits noted on the behavioral health assessment, the reasonable choice is a work hardening program. Therefore, given the functional deficits noted on the FCE, the findings on psychosocial evaluation, the fact the injured employee has a job to return to, and recommendations from ODG guidelines, the requested 10 sessions of work hardening are medically necessary. The recommendation is to overturn the previous denial.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)